



**BHDDH Division of Developmental Disabilities  
PERSON-CENTERED SUPPORTED EMPLOYMENT  
PERFORMANCE-BASED PROGRAM**

**Self-Directed Individuals  
Program Overview and Application**

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**I. PURPOSE**

BHDDH is implementing a performance-based program to promote the expansion of integrated employment for clients of the Division of Developmental Disabilities.

All services must be person-centered. Services and supports should be based on a holistic plan designed to meet the unique individual needs of a person in the integrated communities in which he/she is most likely to spend the majority of his/her time. Person-centered planning teams should be designed to meet the unique breadth and depth of each individual's needs.

**II. SELF-DIRECTED PROGRAM**

**Option A: Purchase Employment Service Through a Provider - complete Form A**

If choosing to purchase services, providers must be or become licensed to provide services to BHDDH, and have a certified employment team. Providers will be the entity enrolled in this program and be eligible for the performance payments.

Form A will be used to determine the demand for purchased employment services, and to track how well the provider community is able to meet the demand. The list will be shared with providers willing to serve self-directed individuals.

**Option B: Self-Direct Your Employment Services - complete Form B**

Individuals can participate in the performance-based program if self-directing their employment services. If using your own staff, those providing employment services must become certified by June 30, 2017. Please note: Family members are not eligible to provide employment services, even if certified.

Under this option, there are 4 performance benchmarks:

1. One or more staff become credentialed
2. Job Placement (*see Section III*)
3. 90-Day Job Retention
4. 180-Day Job Retention

Payments can only be received once for each benchmark. The amount and method of requesting performance payments will be detailed in the final signed agreement between BHDDH and the self-directed individual.

Please note BHDDH cannot make payments directly to individuals; this will be done through the individual's authorization.

### **III. SUPPORTED EMPLOYMENT PLACEMENT DEFINITION**

Supported Employment Placement is defined as the provision of Supported Employment Services in an integrated employment setting:

1. Where the individual is compensated at or above Rhode Island's minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities;
2. Where the individual works the maximum number of hours consistent with his/her abilities and preferences, but not less than the minimum required:
  - Tier A: Minimum hours 10
  - Tier B: Minimum Hours 8
  - Tier C: Minimum Hours 6
  - Tier D: Minimum Hours 4
  - Tier E: Minimum Hours 4
3. That allows individuals with disabilities to interact with individuals without disabilities in an employment setting to the fullest extent possible for the individual; and
4. That offers individuals with disabilities the same opportunity as individuals without disabilities:
  - a. To access community opportunities at times, frequencies, and with persons of their choosing during appropriate times when the individual is not working, such as on breaks, during lunch, and before and after the work day;
  - b. For promotion and/or advancement opportunities; and
  - c. To perform tasks or work activities that match the interests, preferences, and skills of the worker.

All Supported Employment Placements shall be based on an individual's capabilities, strengths, and preferences, and shall be individually tailored to each person and may include self-employment. Working from an individual's home as part of self-employment may be a Supported Employment Placement if made as an informed choice by the individual, and is subject to review.

#### **IV. FUNDING**

BHDDH will fund this program using \$6.8M of FY2017 budgeted funds. These funds will be available to participating provider agencies and self-directed clients in addition to clients' current day and employment funding packages. Funds under this Person Centered Supported Employment Services Performance Program will be disbursed to provider agencies and self-directed clients when system and individual performance goals are met.

##### **Period of Performance**

This phase will run through June 30, 2017.

#### **V. APPLICATION PROCESS**

Applications will be due by 3:00 PM on Monday, November 14, 2016. A copy should be mailed or delivered in person to:

BHDDH  
Simpson Hall  
6 Harrington Rd  
Cranston, RI 02920  
Attn: PCSEPP Application Review

The application may also be emailed to: [Tracey.Cunningham@bhddh.ri.gov](mailto:Tracey.Cunningham@bhddh.ri.gov)  
with the Subject line: PCSEPP Application Review

#### **VI. ACTIVE PROGRAM PERFORMANCE MANAGEMENT**

The Person Centered Supported Employment Services program will be managed by a team within the Division of Development Disabilities (DDD) of BHDDH. The primary point of contact for this program will be the BHDDH Associate Director for Employment Services. This program will be managed using data to inform decision-making, generate problem solving for service delivery and individual barriers, and measure progress towards goals to understand the program's impact.

To improve data sharing and increase problem solving, BHDDH will hold monthly Strategy Meetings with all self-directed participants in the Person Centered Supported Employment Services Program. During these meetings, BHDDH will share data regarding service delivery and engage in discussion with participants about how individuals are progressing toward employment and employment retention. These sessions will also identify challenges and provide an opportunity for flexible problem solving to ensure that the Program is meeting its

underlying goal of promoting the expansion of integrated employment for Consent Decree target population members.

This structure will allow BHDDH, in consultation with participants, to revise performance benchmarks over the course of the year and resolve any concern regarding whether or not performance benchmarks are achieved. During these Continuous Improvement Meetings self-directed clients and BHDDH will review the program and discuss any revisions as necessary and appropriate.



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**Self-Directed Individuals  
Form A**

**Interest in Purchasing Employment Services from a Provider**

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Complete this form if you are interested in receiving employment services from a provider.

**Self-Directed Individual Information**

Name	
Address	
Address2	
City, State, Zip	
Phone	
Email	
Date of Birth	
SIS Tier Level	

**Are you a member of the Consent Decree Target Population?** ☐ No ☐ Yes

If Yes, indicate which group:

- ☐ Day
- ☐ Sheltered Workshop
- ☐ Youth Exit
- ☐ I'm not sure

**Check any of the following that you have:**

- ☐ Person Centered Plan
- ☐ Career Development Plan
- ☐ Paid Work Experience
- ☐ Volunteer Work Experience
- ☐ Resume

**If you have a preference of provider(s), please list:**

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**What would you like a provider to know about you?**

**Guardian Contact Information (if applicable)**

Name	
Address	
Address2	
City, State, Zip	
Phone	
Email	



**BHDDH Division of Developmental Disabilities  
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**Self-Directed Individuals  
Form B  
Application**

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**Self-Directed Individual Information**

Name	
Address	
Address2	
City, State, Zip	
Phone	
Email	
Date of Birth	
SIS Tier Level	

Are you a member of the Consent Decree Target Population? ☐ No ☐ Yes

If Yes, indicate which group:

- ☐ Day
- ☐ Sheltered Workshop
- ☐ Youth Exit
- ☐ I'm not sure

**Do you have certified employment staff?**

☐ APSE ☐ CESP ☐ Not Certified

**What are your supported employment staffing needs?**

**Check any of the following that you have:**

- ☐ Person Centered Plan
- ☐ Career Development Plan
- ☐ Paid Work Experience
- ☐ Volunteer Work Experience
- ☐ Resume

**What are your employment goals?**

**Please provide a brief description of the activities you have done and/or plan to do on your path towards employment.**

**Guardian Contact Information (if applicable)**

Name	
Address	
Address2	
City, State, Zip	
Phone	
Email	